



# Special Power of Attorney

(888) CalPERS (225-7377) • Telecommunications Device for the Deaf: (916) 795-3240

## Section 1

When completing this form, please be sure to print the requested information.

## Creation of Durable Power of Attorney for Retirement-Related Business

Name of Member or Beneficiary (First Name, Middle Initial, Last Name)			Social Security Number	
Address			County	
City	State	Zip	( ) Daytime Phone	

By this document I intend to create a durable power of attorney by appointing the person(s) named below to make retirement-related decisions for me as allowed by the California Probate Code. This power is expressly limited to decisions relating to my benefits under the California Public Employees' Retirement System, the Legislators' Retirement System, or the Judges' Retirement System I or II — hereinafter CalPERS, LRS, JRS I and JRS II, respectively.

## Section 2

**You have the option of designating more than one attorney-in-fact.**

If you appointed more than one attorney-in-fact, and you want each attorney-in-fact to be able to act alone, check the appropriate box. If you do not check a box, or if you check "jointly," then all of your attorneys-in-fact must act or sign together. Granting joint authority to two or more attorneys-in-fact is exercisable only by their unanimous action. If you choose to have your attorneys-in-fact act jointly, and one is unavailable because of absence, illness, or other temporary incapacity, the other attorney(s)-in-fact may exercise their authority under the power of attorney.

## Designation of Attorney-In-Fact

Name of Attorney-in-Fact				
Address			County	
City	State	Zip	( ) Daytime Phone	
Name of Attorney-in-Fact				
Address			County	
City	State	Zip	( ) Daytime Phone	

**I have designated more than one attorney-in-fact. They are to act:**

☐ Jointly ☐ Separately, in the order listed above

### Section 3

## General Statement of Authority Granted

I hereby grant to my attorney-in-fact full power and authority to transact matters on my behalf relating to CalPERS, LRS, JRS I or JRS II. I understand that this authority is granted to the attorney-in-fact designated by me even if that person is related to me by blood, marriage or legal domestic partnership. By signing this Special Power of Attorney form I intend that:

- My attorney-in-fact is ☐ is not ☐ authorized to select any payment option available under the retirement plan, even though it may reduce the monthly allowance that would otherwise be paid to me during my lifetime.
- My attorney-in-fact is ☐ is not ☐ authorized to designate or change my beneficiary.
- My attorney-in-fact is ☐ is not ☐ authorized to designate him or herself as my beneficiary.

On the following lines you may give special instructions limiting the powers granted to your attorney(s)-in-fact.

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Sign Here ►

Signature of Member or Beneficiary

Print Name

### Section 4

## Duration of Power of Attorney

Please be careful in  
choosing when you want  
your power of attorney to  
commence or terminate.

Please check the boxes that indicate your choice and sign below.

My attorney-in-fact is hereby instructed to notify CalPERS in writing of my disability, incapacity, or death immediately upon its occurrence. This power of attorney shall not be affected by my subsequent disability or incapacity unless I so indicate below:

☐ This special power of attorney is to commence immediately and to remain in effect for my lifetime or until I specifically cancel it.

☐ This special power of attorney is to commence on \_\_\_\_\_ and terminate on \_\_\_\_\_  
Date (mm/dd/yyyy) Date (mm/dd/yyyy) or Event

☐ This special power of attorney is to commence only upon a determination that I am incapacitated and/or unable to handle my own affairs. The determination of whether I am incapacitated and/or unable to handle my own affairs shall be made by \_\_\_\_\_

Name or Title of Person to make the determination

☐ This special power of attorney is to terminate in its entirety if I become incapacitated.

Print Name of Member or Beneficiary (First Name, Middle Initial, Last Name)

Sign Here ►

Signature of Member or Beneficiary

### Section 5

## Notice to Person Executing Durable Power of Attorney

The authority granted by the CalPERS Special Power of Attorney form is limited to matters relating to CalPERS, LRS, JRS I and JRS II. The person designated as your attorney-in-fact does not have any authority over your other real or personal property. If you wish that your attorney-in-fact have authority over your real and/or personal property, it is recommended that you seek legal counsel.

You may notice that the language contained in the following WARNING statement refers to more extensive authority than granted by the CalPERS Special Power of Attorney. This WARNING statement is required by Probate Code Section 4128 and must be included in all preprinted durable power of attorney forms even though the CalPERS Durable Power of Attorney does not authorize your attorney-in-fact to do many of the things mentioned in the following WARNING statement. Also, if you are concerned with the WARNING statement or the extent of the authority being granted by the CalPERS Special Power of Attorney form, we again urge you to consult with an attorney.

**Section 5, continued**

## Notice to Person Executing Durable Power of Attorney

A durable power of attorney is an important legal document. By signing a durable power of attorney, you are authorizing another person to act for you, the principal. Before you sign this durable power of attorney, you should know these important facts:

- Your agent (attorney-in-fact) has no duty to act unless you and your agent agree otherwise in writing.
- This document gives your agent the powers to manage, dispose of, sell, and convey your real and personal property, and to use your property as security if your agent borrows money on your behalf. This document does not give your agent the power to accept or receive any of your property, in trust or otherwise, as a gift, unless you specifically authorize the agent to accept or receive a gift.
- Your agent will have the right to receive reasonable payment for services provided under this durable power of attorney unless you state otherwise in this power of attorney.
- The powers you give your agent will continue to exist for your entire lifetime, unless you state that the durable power of attorney will last for a shorter period of time or unless you otherwise terminate the durable power of attorney. The powers you give your agent in this durable power of attorney will continue to exist even if you can no longer make your own decisions regarding the management of your property.
- You can amend or change this durable power of attorney only by executing a new durable power of attorney or by executing an amendment through the same formalities as an original. You have the right to revoke or terminate this power of attorney at any time as long as you are competent.
- This durable power of attorney must be dated and must be acknowledged before a notary public or signed by two witnesses. If it is signed by two witnesses, they must witness either (1) the principal's signing of the power of attorney or (2) the principal's acknowledgement of his or her signature. A durable power of attorney that may affect real property should be acknowledged before a notary public so that it can easily be recorded.
- You should read this durable power of attorney carefully. When effective, this durable power of attorney will give your agent the right to deal with property that you now have or might acquire in the future. This durable power of attorney is important to you. If you do not understand the durable power of attorney or any provision of it, you should obtain the assistance of an attorney or other qualified person.

### Section 6

## Member or Beneficiary Information

Member or Beneficiary fills  
out this section.  
**Sign Here ►**

Date Executed (mm/dd/yyyy)	City	State
Signature of Member or Beneficiary		County
Name of Member or Beneficiary (printed)		Social Security Number

### Section 7

## Witness Information

Witness(es) fills out  
this section.

I have witnessed the principal's signature or the principal's acknowledgment of the signature designating power of attorney. I am an adult at least 18 years old and not the attorney-in-fact. My signature certifies that the principal is known to me and is the same person who signed and dated this affidavit.

Signature of Witness 1	Name of Witness 1 (printed)	
Address		
City	State	Zip

Signature of Witness 2	Name of Witness 2 (printed)	
Address		
City	State	Zip

Put name and Social  
Security number at  
the top of every page

Name of Member or Beneficiary

Social Security Number

## Section 8

### Notary Public Acknowledgement

Sign Here ►

Signature of Member or Beneficiary

Date (mm/dd/yyyy)

Notary Public fills out  
this section.

Notary

State

County

On \_\_\_\_\_ before me \_\_\_\_\_, personally known to me or  
Date Name of Notary/Witness

- ☐ Personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instruments the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Notary Seal

Witness my hand and official seal.

Signature of Notary Public

Date

## Section 9

### Notice to Person Accepting the Appointment of Attorney-in-Fact

The person agreeing to act  
as attorney-in-fact must  
sign this section.

**By acting or agreeing to act as the agent (attorney-in-fact) under this power of attorney you assume the fiduciary and other legal responsibilities of an agent. These responsibilities include:**

- The legal duty to act solely in the interest of the principal and to avoid conflicts of interest.
- The legal duty to keep the principal's property separate and distinct from any other property owned or controlled by you.

**You may not transfer the principal's property to yourself without full and adequate consideration or accept a gift of the principal's property unless this power of attorney specifically authorized you to transfer property to yourself or accept a gift of the principal's property. If you transfer the principal's property to yourself without specific authorization in the power of attorney, you may be prosecuted for fraud and/or embezzlement. If the principal is 65 years of age or older at the time the property is transferred to you without authority, you may also be prosecuted for elder abuse under Penal Code Section 368. In addition to criminal prosecution, you may also be sued in civil court.**

**I have read the foregoing notice and I understand the legal and fiduciary duties that I assume by acting or agreeing to act as the agent (attorney-in-fact) under the terms of this power of attorney.**

Print Name of Agent

Signature of Agent

Date (mm/dd/yyyy)

Print Name of Agent

Signature of Agent

Date (mm/dd/yyyy)

Mail to:

CalPERS Benefit Services Division • P.O. Box 942716, Sacramento, California 94229-2716